

1.) CORPORATION NAME:

Heifer Project International

DUE DATE: **9/30/2011**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: **B.E.**

AUTH IN VI

CT CORPORATION SYSTEM

4701 COX RD STE 301

GLEN ALLEN, VA 23060-6802

SCC ID NO: **F1562430**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
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3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

AR

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 1 WORLD AVE

CITY/ST/ZIP: LITTLE ROCK, AR 72202-

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME: KATHLEEN CAMPANELLA
TITLE: DIRECTOR
ADDRESS: 500 MAIN STREET
POB 188
CITY/ST/ZIP/CO: NEW WINDSOR, MD 21776-

☐ OFFICER ☒ DIRECTOR

NAME: PIERRE FERRARI
TITLE: PRESIDENT
ADDRESS: 1 WORLD AVE
CITY/ST/ZIP/CO: LITTLE ROCK, AR 72202-

☒ OFFICER ☐ DIRECTOR

NAME: ROBERT S. BLOOM
TITLE: TREASURER
ADDRESS: 1 WORLD AVE
CITY/ST/ZIP/CO: LITTLE ROCK, AR 72202-

☒ OFFICER ☐ DIRECTOR

NAME: STEVE DENNE
TITLE: SECRETARY
ADDRESS: 1 WORLD AVE
CITY/ST/ZIP/CO: LITTLE ROCK, AR 72202-

☒ OFFICER ☐ DIRECTOR

NAME: C. DOUGLAS SMITH
TITLE: DIRECTOR
ADDRESS: 5186 KEITTS CORNER ROAD
CITY/ST/ZIP/CO: MECHANICSVILLE, VA 23111-

☐ OFFICER ☒ DIRECTOR

NAME:	LEESA FERGUSON	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	1 WORLD AVENUE		
CITY/ST/ZIP/CO:	LITTLE ROCK, AR 72202-		
NAME:	DEBORAH KEENE	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	1 WORLD AVENUE		
CITY/ST/ZIP/CO:	LITTLE ROCK, AR 72202-		
NAME:	CATHY SANDERS	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	1 WORLD AVENUE		
CITY/ST/ZIP/CO:	LITTLE ROCK, AR 72202-		
NAME:	JESUS PIZARRO	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	1 WORLD AVENUE		
CITY/ST/ZIP/CO:	LITTLE ROCK, AR 72202-		
NAME:	SAHR LEBBIE	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	1 WORLD AVENUE		
CITY/ST/ZIP/CO:	LITTLE ROCK, AR 72202-		
NAME:	OSCAR CASEANEDA	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	1 WORLD AVENUE		
CITY/ST/ZIP/CO:	LITTLE ROCK, AR 72202-		
NAME:	MAHENDRA LOHANI	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	1		
CITY/ST/ZIP/CO:	LITTLE ROCK, AR 72202-		
NAME:	PIETRO TURILLI	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	1 WORLD AVENUE		
CITY/ST/ZIP/CO:	LITTLE ROCK, AR 72202-		
NAME:	KIMBERLY AHLGRIM	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	1 WORLD AVENUE		
CITY/ST/ZIP/CO:	LITTLE ROCK, AR 72202-		
NAME:	FRANKLIN ISHIDA	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	8765 WEST HIGGINS ROAD		
CITY/ST/ZIP/CO:	CHICAGO, IL 60631-		

NAME:	SUSAN SANDERS	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	700 PROSPECT AVENUE		
CITY/ST/ZIP/CO:	CLEVELAND, OH 44115-1100		
NAME:	JUNE KIM	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	475 RIVERSIDE DRIVE		
CITY/ST/ZIP/CO:	ROOM 330 NEW YORK, NY 10115-		
NAME:	DON HAMMOND	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	29 DICKINSON AVENUE		
CITY/ST/ZIP/CO:	NYACK, NY 10960-		
NAME:	STEPHEN A. MONDORA	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	9112 PARKWOOD COURT		
CITY/ST/ZIP/CO:	FT. MYERS, FL 33908-		
NAME:	JULIA HALL WILSON, DVM	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1077 110TH STREET N		
CITY/ST/ZIP/CO:	STILLWATER, MN 55082-		
NAME:	ARLENE WITHERS	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	3179 DRAGONFLY STREET		
CITY/ST/ZIP/CO:	GLENDALE, CA 91206-		
NAME:	CHARLES STEWART	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	21 BASCOM DRIVE		
CITY/ST/ZIP/CO:	LITTLE ROCK, AR 72223-		
NAME:	SUSAN B. FULTON	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	4520 EAST WEST HIGHWAY		
CITY/ST/ZIP/CO:	SUITE 450 BETHESDA, MD 20814-		
NAME:	DR. JOHNSON NKUUHE	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	24 PRINCE CHARLES DRIVE, KOLOLO		
CITY/ST/ZIP/CO:	KAMPALA, -, UGANDA		
NAME:	FU CHANGXIU	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	3# WUHOUCI STREET		
CITY/ST/ZIP/CO:	CHENGDU, SICHUAN, -, CHINA		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	SKIRMA A. KONDRATAS DIRECTOR KONSTITUCIJOS PR. 9-100 VILNIUS, -, LITHUANIA	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	EFRAIN DIAZ ARRIVILLAGA DIRECTOR WEG 12 D-10117 BERLIN, -, GERMANY	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DAVID TRACEY DIRECTOR 110-1555 CHARLES STREET VANCOUVER, B.C., -, CANADA	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MARCIA E. WILLIAMS DIRECTOR 117 SEVENTH AVENUE NORTH FRANKLIN, TN 37064-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	NORMAN DOLL DIRECTOR 11349 N. LINNWOOD LANE MEQUON, WI 53092-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.			
/s/ PIERRE FERRARI		PIERRE FERRARI, PRESIDENT	
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT		DATE	
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.			